

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|-------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>18</i> | <i>1089</i> | <i>10/29/00</i> |
| RESPONSE FORMALITY REVIEW | <i>Bz</i> | <i>897</i> | <i>01-15-02</i> |

INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------|-----------------|
| Final | |
| Original | |
| 1 | <i>9/22/00</i> |
| 2 | <i>12/15/00</i> |
| 3 | <i>8/9/02</i> |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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388
1/1/06